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Bib Data Sheet

CONFIRMATION NO. 2943

SERIAL NUMBER 10/811,182	FILING DATE 03/26/2004  RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 8266-1263
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/657,696 09/08/2003  
 which claims benefit of 60/408,698 09/06/2002  
 and claims benefit of 60/409,748 09/11/2002  
 and claims benefit of 60/489,171 07/22/2003  
 and claims benefit of 60/490,467 07/28/2003  
 This application 10/811,182  
 claims benefit of 60/458,720 03/28/2003

O.K.R.S.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Allowance <i>Robert L. Santos</i> Examiner's Signature Initials	IN	15	58	7

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## TITLE

Bed siderail having a latch

<p>FILING FEE RECEIVED 2598</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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